

Barclay Specialist Care Ltd

Corby Enterprise Centre

Inspection report

Corby Enterprise Centre
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Date of inspection visit:
09 October 2018
10 October 2018
12 October 2018

Date of publication:
27 November 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 9,10 and 12 October 2018 and was announced. It was the first inspection since the provider registered on 2 November 2017.

Corby Enterprise Centre is a domiciliary care agency providing personal care and treatment of disorder, disease and injury. It is registered to provide a service to children, younger adults, older people, people with learning disabilities or autistic spectrum disorder, people with a physical disability, people with a sensory impairment, people with mental health needs and people living with dementia.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection it was confirmed that six people using the service received 'personal care'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was fully aware of their legal responsibilities and was committed to providing excellent leadership and support to staff.

People received care and support from a staff team that were inspired and had a positive sense of direction and strong leadership to give people an enhanced quality of life. The vision and values of the provider in providing high quality person centred care was central to the ethos of the service. People's care was centred around them as individuals and they were fully engaged in making decisions about their care. Without exception staff and the management team actively supported people's independence and meeting their hopes and dreams. Assessments and care plans considered people's values, beliefs, hobbies and interests along with their goals and aspirations for the future.

Without exception people and their relatives confirmed that staff respected people's individuality and enabled them to express their wishes and make choices for themselves about all aspects of their lives. The management team and staff understood the importance of working in accordance with the principles of the Mental Capacity Act, 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were treated with kindness, compassion, dignity and respect. Their rights to privacy and freedom of choice were fully upheld. The provider was committed to ensuring they had the right staff with the right approach and understanding to meet people's individual needs. People and their relatives told us that staff and the management team often went the extra mile to ensure that people had happy and fulfilled lives.

The provider was committed to overcoming barriers to meet people's hopes and dreams and actively supported and advocated for people to enable them to achieve these.

People were supported by staff to engage in activities of their choosing. The provider built relationships with services within people's local community to enhance people's care experience.

The provider considered innovative ways of supporting people to communicate their needs and actively researched other methods of assistive technology that would enhance people's quality of life.

People and their relatives were central to team meetings, reviewing care plans and risk assessments. People were actively involved in the recruitment process and were in control of choosing who would support them with their care. People had choice and control over all aspects of their care.

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to report any concerns of abuse. Risks to people's safety were comprehensively assessed to ensure they were effectively managed.

People were protected by safe recruitment procedures to ensure staff were suitable to work in care services. People were fully engaged in recruitment and selection process and their care and support was delivered by staff that they had chosen. Staff received in-depth training for their role and received ongoing support and supervision to work effectively.

People were supported by staff that had received bespoke competency based training to ensure the people they were supporting received safe care. The provider had systems in place to assess and identify the support people required before receiving care.

The provider worked in partnership with other healthcare professionals and external agencies to continuously provide a service that was based on best practice, and actively sought their feedback to continuously improve the care provided.

People felt comfortable approaching the management team with a complaint and were confident that concerns or complaints would be appropriately responded to. The provider had procedures in place to respond to people's concerns and liaised with other professionals where appropriate to ensure investigations remained objective.

The registered manager was knowledgeable about all aspects of the service. The provider had robust systems and processes in place to monitor the quality of the service and had created an electronic record keeping system that enabled the provider to be responsive to the individual needs of the people they supported.

People and their relatives all spoke positively of the staff team and how the service was managed. The vision and values of the provider ensured that people were at the heart of the service. The management team were visible, approachable and highly regarded amongst people, relatives and the staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with the staff providing their care.

People were protected from the risk of infection and received their medicines safely and on time.

People were supported by staff that had been recruited safely and were trained in safeguarding.

Accidents and incidents were responded to appropriately and lessons were learnt to mitigate the risks of further incidents.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had the necessary skills and training to meet their individual needs.

People received support to receive adequate nutrition.

People were supported to access health services to promote and maintain their health and well-being.

People were encouraged to express their wishes and make choices for themselves.

Is the service caring?

Good ●

The service was caring.

The manager and staff were committed to a strong person-centred culture.

People had positive relationships with staff that were based on respect and shared interests.

People and their relatives felt staff often went the extra mile to provide compassionate and enabling care.

Is the service responsive?

The service was exceptionally responsive.

People had full choice and control over all aspects of their care. They were fully engaged in regular reviews of their care plans and risk assessments to ensure they reflected people's needs and preferences.

People were fully supported to remain part of their local community, follow their interests and take part in social activities.

Staff and the management team often went the extra mile to enable people to live happy and fulfilled lives. The provider actively encouraged innovative ways of working.

Arrangements were in place to deal with people's concerns and complaints which were used as positive learning to improve the service. The provider sought regular feedback from people to make changes to the service that would enhance people's caring experience.

Outstanding 

Is the service well-led?

The service was good.

The vision and values were imaginative, innovative and ensured that people were at the heart of the service.

The culture of the service was focussed upon providing consistently personalised care to people; this culture was understood and demonstrated by all the staff.

The provider had robust systems and processes in place to monitor the quality of the service.

Good 

Corby Enterprise Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9, 10 and 12 October 2018 and was announced. We gave the provider 24 hours' notice of the inspection visit because Corby Enterprise Centre is a small service and the management team are often out of the office supporting staff or providing care. We needed to be sure they would be in the office. The inspection visit was carried out by one inspector.

The inspection started on 9 October and ended on 12 October 2018. It included telephone interviews with people using the service, relatives and staff. We visited the office location on 10 October 2018 to meet with the management team and to review care records, policies and procedures and made telephone calls on the 9, 10 and 12 October 2018.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we undertook our inspection and made judgements in this report. The PIR stated 'We endeavour to be as responsive as possible. We strongly believe it is paramount for both the people, staff and our company to be informed of anything that would ultimately improve our service.'

We reviewed other information we held about the service. This included notifications regarding important events which the provider must tell us about. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We contacted the local authorities and clinical commissioning groups who commission packages of care for people and Healthwatch Northamptonshire to obtain their views about the care provided at the service.

During the inspection we spoke with two people using the service and four relatives. We spoke with four members of care staff, the business director and the registered manager.

We looked at care records in relation to three people using the service. We looked at four staff recruitment files and staff training records. We looked at records that showed how the provider managed and monitored the quality of service. For example, audits, complaints, compliments, incident reports and a sample of the provider's policies and procedures.

Is the service safe?

Our findings

People confirmed they felt safe receiving care from Corby Enterprise Centre. One relative said, "For the first time I was out last night, I didn't have to worry as I knew [name of relative] was safe." A staff member told us "[Name] is very nervous, so I explain everything, like the brakes are on [The wheelchair], and we are going up or down [referring to a piece of moving and handling equipment] to make sure [name] feels safe."

The staff we spoke with all had a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member said, "We've done safeguarding training." Another staff member said, "There's a form on the tablet for us to raise any concerns such as if there's a safeguarding or we can ring [name of registered manager]." We saw that staff were all trained in safeguarding procedures for children and adults, and this was up to date. Staff were aware of what they needed to do in an emergency. One staff member told us "We've had tracheostomy [opening at the front of the neck so a tube can be inserted into the windpipe to help with breathing] training so we know what to do in an emergency." Another member of staff told us "When [name of person] has a seizure, I follow the protocol and give oxygen."

Staffing numbers were sufficient to meet people's needs. People told us they always had the care and support that they required and records showed that that all care hours had been fulfilled by the provider. A relative told us "There are no gaps in care. If someone is off sick, they get someone to cover." A staff member told us "We cover shifts in the team, we have a little bunch of very committed people." People received care at the time they needed it. One relative told us "Shifts are always covered and staff are on time." The provider could check the location of staff, this enabled them to check the safety of people and staff should a staff member not arrive to work or return from a community activity.

The provider followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The electronic system used by the provider ensured that they could not proceed to employment until all recruitment checks had been undertaken. The system alerted the registered manager when a DBS check was required in line with the providers policy. Care staff were required to complete and sign documentation at each supervision for disclosure of any convictions, this ensured that people continued to be safe with the staff supporting them.

We saw that risk assessments and management plans were in place for people at risk of choking, falls, skin breakdown, stopping breathing and of not eating and drinking enough. Records showed the risk assessments were regularly reviewed as and when people's needs had changed and their support was altered to accommodate the changes. One staff member told us "Risk assessment and care plans are all on the [mobile device]. If it breaks down we have back up paper records." Staff told us they always checked equipment was safe prior to using it.

The staff confirmed they knew how to report and record accidents and incidents. One staff member told us "There's a form on the [mobile device] for us to raise any concerns, such as if there's an incident or safeguarding, or we can ring the registered manager." We saw that accident forms were completed and were reviewed by the registered manager to identify any areas of concern that needed to be addressed. For example, a staff member had recorded that a medicine had been administered twice. The investigation concluded that this was a recording error. The software for the electronic system was subsequently updated to ensure this error could not occur again. The provider evidenced learning from incidents to drive improvements.

People were protected from the risk of infection. Staff confirmed and records showed they received training on infection control procedures to keep staff up to date with current good practice and current legislation. People's care plans detailed infection control requirements. Staff told us they were provided with personal protective equipment (PPE), such as disposable gloves and aprons. One relative told us "The company provide gloves and aprons. We don't need to remind staff to wear them. They [the staff] respect our home and keep it clean."

There were appropriate arrangements in place for the management of medicines. Care staff had received training and demonstrated through a competency assessment that they were knowledgeable about how to safely administer medicines to people. The provider used Medication Administration Records (MAR) stored on an electronic record keeping system to record the time people had received their medication. We saw that the records gave detailed instructions for staff on how to administer medicines when it was via alternative means. For example, via a feeding tube. This minimised the risk of error in administering medicines. Records showed that medicines audits were carried out monthly to check people received their medicines as prescribed and that staff kept accurate MAR. People confirmed they received their medicines at the time they needed it. One relative told us "They [the provider] are constantly updating the MAR with changes." A staff member told us "We cannot give medication until the right time as the [mobile device] locks until it is the right time when it turns red."

Is the service effective?

Our findings

People's care and support needs and choices were always assessed before they received care from Corby Enterprise Centre. The provider discussed the preferred start and finish times with people and their relatives and their preference for male or female carers when they completed their initial assessment to ensure they could meet people's requirements. Care was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes for people. Care plans and risk assessments were updated as the registered manager got to know people or as their needs changed, these had been regularly reviewed by the registered manager. One relative told us "[Name of person's] care plan has been updated twice with changes."

People received care from staff who had the skills and knowledge to meet their individual needs. Staff received an induction and had undertaken training for their role, which included the provider's mandatory training. For example; Basic life support, Equality and diversity and safeguarding adults and children. New care staff undertook at a minimum of three shadow shifts alongside a member of the existing staff team until they were competent to meet people's needs. Staff members undertook additional training specific to the needs of the people they were supporting. For example, tracheostomy care, and learning disability awareness. One member of staff told us "I am confident in what I am doing and have had good training." We saw that the electronic system did not allow for staff members to be allocated to a package of care unless they were fully competent in meeting the needs of the person they would be supporting and were up to date with all their training.

People were supported by staff that received regular supervision and spot checks from the management team. A spot check is an unannounced visit to observe staff practices and to ensure that staff remain competent in providing effective care. Appraisals had been planned to take place twice yearly.

People could be assured that any changes in their care and support was known by all staff who supported them because staff undertook a handover at the beginning and end of each shift, with people and their relatives where appropriate to ensure that any changes in need were communicated. Staff we spoke with confirmed this.

People received support to eat and drink enough to maintain a balanced diet and stay healthy. People's dietary needs were assessed and any allergies, food intolerances and preferences were recorded within their care plans. Where people received nutrition via alternative means, people's care plans detailed the specific requirements to ensure their nutritional and hydration needs were met. Staff were knowledgeable of people's food and drink likes and dislikes, and the level of support they needed. One staff member told us "The [mobile device] flags when we need to support with the food and fluid regime as part of the care plan."

People were supported to live healthier lives and maintain good health by attending regular health checks and medical appointments. We saw that with people's consent the management team had liaised with health professionals to ensure people's care plans remained up to date and that their health needs were being met. Records showed the management team were in regular contact with health, social care and

educational professionals involved in people's care. For example, the registered manager had liaised with the occupational therapist and physiotherapist to ensure that the correct equipment was in place at home and school for one person to safely support moving and handling.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the provider was working within the principles of the MCA. People's mental capacity had been assessed and people were empowered to be as independent as possible. The staff and management team understood their responsibility around MCA and had received training as part of their induction. People confirmed that staff always asked for consent before supporting with care and offered choices and respected people's decisions. One staff member told us "I always ask [name of person] a question. They answer yes or no and if they are struggling to answer a question I ask them to spell a keyword out on their communication aid, until I find the right answer. We have a really good rapport." A relative told us "[Name of person] can make a choice of activities, staff offer [name] a choice, most know [names] little ways to know what [name] likes."

The registered manager and staff challenged discrimination and empowered people's carers to do the same. People's diversity was celebrated and supported with ease. The registered manager had advocated on behalf of all people they supported to ensure their health, emotional and wellbeing needs were being met. For example, the registered manager had met with school staff to educate them on the needs of a young person and to provide reassurance about meeting healthcare needs to enable the young person to return to school where this had not been previously possible.

Is the service caring?

Our findings

People received personalised support relevant to their individual needs. People's care plans demonstrated how the registered manager had taken time to get to know them and involved them and their families in planning their care. People had a one-page profile detailing their personal histories, cultural backgrounds, hobbies, interests and needs. One relative told us "They [the provider]" developed a really detailed plan so people get to know [name] as a person."

People were treated with care, compassion and great kindness. The staff and management team all spoke positively of the people receiving support from the provider, and were knowledgeable about people's needs and preferences. People were very happy with the care and support they received. One person told us, "I'm really happy." One relative told us "The carers are very good, they want to give good care." Another relative told us "The staff and management team absolutely demonstrate they are caring, they are driven by giving people the quality of life they deserve." Staff enjoyed their work. One staff member told us "I love it, I have a laugh with [name of person], I like working with one person, developing a relationship and concentrating on doing better for that person." Staff and the management team encouraged and valued people's relationships with their family members. For example, the provider had invited people and their family members to a Christmas meal with their staff teams. One relative told us "Last week the [management team] said if you need to talk, just call, I am here for the whole family." Another relative told us "The staff will make me a cup of tea to help me out."

People had varying levels of communication skills and abilities. Staff used a variety of tools to communicate with people according to their needs, including using new technologies. For example, the provider had installed an application on a mobile device in a person's home to enable them to type a message which would be translated into the spoken word so they could converse with staff and the management team. Prior to this the individual was unable to effectively communicate their needs. Staff supported people with visual impairments. One member of staff told us "Before I start something, it doesn't matter what it is, I always explain what I will do as any little touch makes [name of person] jump."

People were treated with dignity and respect. People and staff felt respected and listened to. Staff received training on privacy and dignity. The registered manager observed staff members practice ensuring that their social interaction with people and their family members was respectful and that they prioritised people's privacy and dignity. Staff respected when people needed some time or space to spend time their loved ones without interruption or assumptions. People confirmed that the staff respected their privacy and dignity when providing personal care. One relative told us "They always make sure doors are shut and the staff cover [name of person] up." A staff member told us "When I change [name of person] I make sure family members are not in the room to protect [names] dignity and cover [name] with a towel."

The provider was committed to maintaining people's confidentiality and had taken steps to ensure that they were compliant with the data protection act and general data protection regulation (GDPR). There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared on a need to know basis and people's

confidentiality was respected.

The registered manager recognised the importance and value of good advocacy for people and valued people's opinions and feedback. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them, defend and safeguard their rights and have their views and wishes genuinely considered when decisions are being made about their lives. At the time of the inspection people were being supported by family members to advocate on their behalf. The provider had considered the need for advocacy support during the assessment process and confirmed they would seek advocacy support where required in people's local areas.

People were supported in many ways to express their views which included through customer satisfaction surveys and in meetings with the staff team, people and their relatives.

Is the service responsive?

Our findings

People were supported by staff who put them at the heart of everything they did. Corby Enterprise Centre strived to be outstanding and innovative in providing person-centred care. Care was personalised to each person that used the provider, and people and their relatives were fully involved in all aspects of their care. One relative told us "[Name of registered manager] did the assessment and tailored the care for [name of person's] needs." People, relatives and staff had the opportunity following the shadow shifts to tell the registered manager whether they felt the person should proceed to employment. This enabled people to be in control of choosing who would be providing their care.

Staff and the management team had an excellent understanding of all the needs of the people they were supporting, and clearly had a drive and passion to help people achieve as much as they could. One person told us "I'm happy". A relative told us "The care is more centred to us than any other provider we have had and we have a consistent team." A staff member told us "I enjoy everything about my job, I am there 12 hours, I concentrate and focus on [name of person] in everything I do. I do this job from my heart, I am very committed."

Care plans reflected people's likes, dislikes and preferences. People's care records included a one-page profile that included information important to them. For example, family members, pets, favourite meals and snacks, likes and dislikes, favourite activities, what to do if distressed. Care plans were detailed and gave a clear picture on the support needs of everyone. For example, a tracheostomy care plan detailed the person's wishes and preferences for care delivery, and a care plan for personal care detailed the order for clothing to be removed without causing the person discomfort. All the staff we spoke with were confident the care plans were reflective of people's true needs and preferences. One staff member said, "The care plan is very detailed and helps us to know [name of persons] background." A relative told us "There is a sensory and daily interaction plan to maximise [name of person's] sensory opportunities as [name of person] is partially sighted."

The provider had gone the extra mile to find out what people have done in the past and evaluate whether it could accommodate activities, whilst striving to make these happen. The provider was committed to overcoming barriers to meet people's hopes and dreams. For example, the provider was supporting one individual with complex health care needs to achieve their 'bucket list.' The person dreamt of going on holiday abroad with their family but didn't think it was achievable. The registered manager had contacted airlines and sea travel companies to determine the safest mode of travel; considered how life sustaining equipment could be safely used and transported; ensured medical assistance would be available; identified the need to translate care records to three different languages and ensured staff members recruited were aware they would need to support people on holidays. This has enabled the holiday to be booked for this person.

One member of staff told us they had identified that one person experienced spasms during the night which impacted on sleep quality. This member of staff introduced an hour massage prior to the person going to bed which impacted positively on their sleep quality as their discomfort was significantly reduced. One

person wanted to go to college but had not been able to enrol due to a misunderstanding relating to their health needs and adaptations required. The registered manager liaised with the college to resolve any issues preventing the person attending. This resulted in the person attending college with the right level of support to meet their needs.

All the relatives we spoke with were passionate about telling us the quality of the care that was given and the difference this has made for their loved ones quality of life. One relative told us "[Name of person] gets the care [name] deserves and needs, [name of registered manager] goes over and above to make sure things are in place." Another relative told us "We looked for a [provider] that would go the extra mile. They [the provider] are always constantly doing it. If we are late back from a day out, carers don't worry. They want [name of person] to have a good time."

People's independence was promoted. One relative told us "[Name of person] is always out and about...to the cinema, London, Birmingham and a haircut the other day when I was out." People and their relatives had let the management team know of dates and times of social events and their preference for staff, to enable the management team to adjust the rota accordingly.

Professionals provided positive feedback about the provider. One commissioner stated "You [the provider] have been going the extra mile to support the services that have been commissioned to you. You [provider] have done an excellent job with [name] and this is manifested in you putting together a clear health care plan but also ensuring good co-ordination despite the clinical complex challenges."

People were actively supported to go out with the provider actively building further links. For example, the provider uses a local musician for sensory play and a local volunteer training company for basic life support training. The provider also supported people with a personal health budget to find services within their local community to meet their needs. For example, hydrotherapy and physiotherapy. The provider was committed to continue to build links within each person's local community and we saw this is discussed during team meetings.

People were actively engaged in the recruitment of their staff team and had choice and control over how their care was delivered. Staff teams were recruited specifically for people receiving care with them having their own core team of staff. One relative told us "We got to meet all new staff for a few hours and then they came three times before we decided whether they would stay on the team." Another relative told us "Staff come around to meet [name of relative] and me, then they do shadow shifts. [Name of registered manager] has listened when they haven't been right, there have been two staff that have not worked out."

The provider continuously looked at ways they could make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider worked alongside an interpreter to communicate with one person's relatives and told us they would seek the support of an interpreter if required. Staff we spoke with understood the importance of accessible information for the people they were supporting. Staff told us that they use a communication aid with one person at night, so they could spell out their needs when their assistive communication aid was not available.

The provider had an innovative approach to using technology and were further exploring other means of supporting people with assistive technology to enhance their quality of life. The management team had identified that people's communication aids were time intensive for them to use and did not give them the

freedom of speech that matched their abilities. The management team had researched specialist communication devices that would enable people to communicate by responding to brain waves and had liaised with the manufacturer of this equipment to co-ordinate a trial for one of the people they were supporting. This has the potential to transform this person's life to be able to communicate with people around them in a way in which they had been previously able to and to strengthen their relationship with family members. For another person that had lost their ability to speak following an injury, the management team had installed software on a mobile device in the person's home to enable them to type a message that could be played as the spoken word. This had reduced the person's frustration and sense of loss at losing their ability to speak.

People receiving support from the provider had complex health care needs and varying communication needs. The provider had recognised the need to enhance people's experiences of admission to hospital for ill health and had implemented hospital passports for all people using the service. A hospital passport is designed to give hospital staff helpful information about people and their health when they are admitted to hospital. We saw that the hospital passport included a summary of people's basic needs, how to keep them safe, their likes, dislikes, and their communication needs. This enabled people to have more positive experiences of admissions to hospital as staff had an overview of their needs. For example, one person was unable to access their assistive technology in hospital. The passport enabled the staff to identify alternative methods of communication. One member of staff told us "If the ambulance comes, we can give them the hospital passport so they know straight away what to do."

A messaging platform was used for communicating between people receiving care, relatives, the staff team and the management team. This ensured that people were actively involved in any communication relating to them. One relative told us "They [the staff team] message about [name of person's] care and [name of person] chats with the carers." The management team told us they regularly kept in contact with people via the social media platform or by email if this was people's preference. Personal data was not shared to ensure compliance with the General Data Protection Regulation (GDPR).

People were involved in decisions about how their records could be used to further benefit them. Following feedback from people, staff and relatives we saw that updates had been made to the electronic system to personalise it to the person receiving care and improve people's care. For example, one member of staff had asked for the system to be updated to record key information regarding one person's use of a Therabike [exercise equipment], this was promptly actioned by the provider. The physiotherapist reviewed the monitoring charts for the Therabike and adjusted the physiotherapy programme to set the person new goals. This had a positive impact on the person's muscle tone.

The management team could download reports from the electronic system. One relative told us: "The [electronic system] is helpful to look back for patterns. [Name of registered manager] can pull off reports so I can take them to appointments. They [the provider] had already picked up a pattern when they downloaded data." Records showed positive outcomes for people from using reports to inform medical appointments. For example, one person had a medication increased to reduce their muscle spasms and discomfort. Another person had medication for excess saliva reduced. We saw that a pharmacist and Doctor had provided positive feedback on the electronic record keeping system during a specialist medical appointment.

People, relatives and staff told us that the electronic record keeping system was exceptionally efficient and that it enabled them to record vital information without compromising the care for the people they supported. One relative told us "The [mobile device] means they [the staff] spend less time on paperwork and more time on care." A staff member said, "The [mobile device and electronic record keeping system] is

the best thing I have ever seen. It is very easy and saves time. The priority is attention to [name of person] not time recording information."

The provider promoted an open and transparent culture whereby people's views and feedback were actively sought to enhance the care they received. People and their relatives were actively involved in the staff team meetings and given the opportunity to feedback their experiences of the care received. One relative told us "[Name of relative] prepared their feedback for the meeting. One of the things was not to keep asking [name] for consent as there are some things [name] has all the time, the staff and [name of registered manager] listened to this and changed [names] care plan." One staff member told us "It is nice that [Name of registered manager] comes to [house] meetings. It shows [name of person] they care."

The provider understood the needs of different people and groups of people, and delivered care and support in a way that met these needs and promoted equality. For example, the provider had ensured that all staff supporting people with a learning disability had received learning disability awareness training. The provider had an excellent understanding of people's social and cultural diversity. All the staff we spoke with were knowledgeable about each person's beliefs and preferences, and could tell us how they supported people with access to parts of the community that their culture or beliefs were affiliated with. We saw that people's family history, culture and religion was respected and encouraged, and that people were able to feel part of a community that was important to them. For example, the provider had supported a person to attend a religious group camp with their family. People were supported by staff to express their individuality. One staff member told us they always make sure the person has had their hair blow dried and make up applied before going out with their relative.

The provider had a policy in place for end of life care and considered people's preferences for end of life care during the initial assessment. The provider supported people with life limiting conditions. However, at the time of the inspection no one was receiving end of life care and there were no advanced care plans in place. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care. Where do not attempt to resuscitate orders (DNACPR) were in place, the provider ensured these were accessible to staff and that staff were aware of people's wishes.

The management team told us that should people reach the end of their life, they would continue providing personalised support to people with their own staff team alongside healthcare professionals and would provide additional training where required to enable staff to meet people's changing healthcare needs where they had the competence to do so. There was a real focus on people with life limiting conditions being supported by the provider to enhance their quality of life. One relative told us "They [management team] are helping [name of relative] to fulfil their bucket list."

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people and relatives we spoke with said they had not had to make any complaints but would do so if needed. One relative told us "If I had a concern I would contact [name of registered manager], I don't foresee that happening as we don't have any problems." The provider had a complaints policy in place, and people were issued a copy of the service user guide, which included details of how to complain. This was offered in an easy read format or translated as required. The provider recorded all concerns raised by people, their relatives and professionals, and responded promptly to these to the satisfaction of the person or relative raising the concern. We saw that the registered manager had reviewed concerns and identified where improvements could be made to people's care. For example, a staff member had been moved from a person's package of care following feedback. Investigations were comprehensive and the provider included professionals to ensure there was

an independent and objective approach.

People were asked for feedback regarding the providers complaints handling via a survey. People had asked to be informed of any action undertaken by the provider following a complaint investigation. We saw that the provider has adapted the complaints correspondence to ensure that where appropriate people are informed of actions undertaken in addition to being notified that an investigation has been completed and closed.

Is the service well-led?

Our findings

There was a strong, visible person-centred, inclusive and empowering culture within the service. The management team were passionate about enabling people to have choice and control over their care, to have a good quality of life and to achieve their hopes and dreams. The registered manager told us they were consistently looking to drive improvements for people using the service, their relatives and staff and strived towards being an outstanding provider. Without exception the feedback we received from people, relatives and staff reflected this ethos and culture within the organisation. The management team had taken time to get to know each person to understand people's body language and communication aids to engage them in their care planning. The provider was excellent at helping people to express their views so that staff and managers at all levels could understand their views, preferences, wishes and choices.

People and relatives told us that with their consent the registered manager often advocated on their behalf. One relative told us "The [registered manager] pushed for everything they could for [name of relative] and have really advocated for them, they managed to co-ordinate a holiday, hydrotherapy and physiotherapy. They are so dedicated." A staff member told us "[Name of registered manager] deserves a lot of credit. For [name of person] this company has been amazing. [Name] can now do things they couldn't do before."

The registered manager was knowledgeable about all aspects of the service and had good oversight of the quality of the service. A robust quality monitoring system enabled the provider to audit areas such as clinical risk assessments, medication administration records, training, staffing, accidents and incidents and supervision. The registered manager received alerts from the electronic system when tasks were due and received and reviewed external patient safety alerts to determine whether any applied to people receiving support from the provider. For example, records showed that the registered manager had reviewed whether people were prescribed glycerine cough syrups following an alert.

The registered manager was visible and approachable. People, relatives and staff knew the management team by name and had formed a good relationship with them. Without exception we received positive feedback from people, relatives and staff. Staff at all levels had a strong belief that they were providing the best possible care for people, and were confident and empowered in their roles because of the strong leadership and management across the company. The feedback we received gave a strong message that everyone was willing to go above and beyond expectations to ensure people had enriched and fulfilled lives.

People were happy with the care they received. One relative told us "With the vision [name of registered manager] has and with [the providers] Information Technology expertise, they [the provider] can make a lot of good changes to people's lives." Another relative told us "I cannot fault them, they have been really good every step of the way." One staff member told us "They are very good because they pay attention to every detail." The registered manager provided on-call 24 hours a day. People and staff using the provider told us they had no hesitation in contacting the registered manager or the on-call phone and were always able to get a response from the management team.

The provider was committed to enhancing the care people received through the continuous development of the staff. One staff member told us "The managers give us things to focus on, they have offered me to do the next level NVQ. I am very pleased with this." The management team were working towards achieving an Investors in people award. Investors in People is a standard for people management, offering accreditation to organisations that adhere to the Investors in People Standard.

The management team had ensured that policies were accessible to staff in people's homes and they had access to leaflets for equipment from the manufacturers to effectively manage any equipment failures. To protect whistle-blowers, the management team had ensured that any accident and incident report forms completed on mobile devices in people's homes were only available to the management team. Staff told us they would not hesitate to contact the management team with any concerns, and felt confident these would be addressed. One staff member told us "I reported a concern to [name of registered manager] regarding a staff member being late to shift, this was resolved." We saw that the management team were alerted immediately when an incident form was completed.

The provider and registered manager were fully committed to ensuring the service continually improved through seeking feedback. The provider had a consistently high level of engagement with people, their relatives and staff on a day to day basis, through team meetings and satisfaction surveys. The week prior to the inspection staff had asked for a change to the electronic system to more effectively record data. We saw that this had been updated by the management team within one week. The provider had recently undertaken a satisfaction survey, reviewed the responses received and developed an action plan. Records showed that following feedback from people receiving care, the provider planned to introduce an easily accessible communication log for people to raise any concerns about staff.

The registered manager knew that they needed to notify CQC of any significant events and incidents in the service. The provider was aware of the legal requirement to display the registration certificate and rating from this inspection. It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider assured us they would display the rating from this inspection and that the inspection report would be made available to people.

The management team had a clear vision to deliver high-quality care and support. The provider had developed an electronic record keeping system for care records to meet the needs of people that used the provider and had strived to ensure that this enhanced people's care experience. The provider had taken into consideration data protection and GDPR requirements when developing these. For example, each staff member had a unique pin code to access care records and an encrypted email system had been set up to automatically encrypt any identifiable information. The provider had introduced mobile devices into people's homes for instant access to care records. Staff told us that any issues with equipment were resolved promptly.

The provider worked in partnership with other agencies. We saw, and people told us that the provider worked with health and social care professionals involved in people's care to ensure their care plans were current and that people's health and wellbeing needs were being met. The provider sent monthly reports to commissioners to ensure they were notified of any changes in need and hospital admissions. We saw that the provider had sought feedback from professionals involved in people's care. One commissioner said, "You remain professional and we are not able to fault your practice."